

STATE OF NEW **HAMPSHIRE**
BOARD OF MEDICINE
2 **Industrial Park Dr. #8**
Concord, NH 03301

Instructions for filing:
CONSUMER COMPLAINT FORM

1. Please print clearly or type.
2. ALL COMPLAINTS MUST BE IN WRITING. If **you** have trouble writing and you are unable to find someone to fill out the form for you, please call us and we will assist you.
3. Anonymous complaints may not be acted upon.
4. State your complaint in chronological order and in detail. It is important to provide all the facts necessary for the Board to investigate the complaint. Your impressions may also be valuable, but please be specific.
5. Attach as many additional sheets as necessary. You may also include any documents which support your complaint. DO NOT ATTACH ORIGINALS.
6. Please sign and date your complaint. Keep a copy for your records, if possible.
7. Please mail the complaint to the address on the top of the form. If you have any questions about filling out the form, please call 1-800-780-4757.

IF THE COMPLAINT INVOLVES ALLEGATIONS THAT ARE NOT WITHIN THE BOARD'S JURISDICTION, IT WILL POSSIBLY BE REFERRED TO ANOTHER AGENCY WHICH MAY HAVE AUTHORITY IN THAT AREA. COMPLAINTS INVOLVING PERSONS LICENSED BY OTHER BOARDS OR BUREAUS ARE NOT UNDER THE JURISDICTION OF THE BOARD.